COMMITTEE REPORT

MR. PRESIDENT:

The Senate Committee on Insurance and Financial Institutions, to which was referred Senate Bill No. 559, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

1	Page 1, between the enacting clause and line 1, begin a new
2	paragraph and insert:
3	"SECTION 1. IC 27-1-3-15 IS AMENDED TO READ AS
4	FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 15. (a) Except as
5	provided in subsection (g), (f), the commissioner shall collect the
6	following filing fees: when the documents described in this subsection
7	are delivered to the commissioner for filing:
8	Document Fee
9	Articles of incorporation
10	Amendment of articles of
11	incorporation\$ 10
12	Filing of annual statement
13	and consolidated statement \$ 100
14	Annual renewal of company license
15	fee
16	Appointment of commissioner for
17	service of process
18	Withdrawal of certificate
19	of authority

1	Certified statement of condition\$ 5
2	Any other document required to be
3	filed by this article
4	(b) The commissioner shall collect a fee of ten dollars (\$10) each
5	time process is served on the commissioner under this title.
6	(c) The commissioner shall collect the following fees for copying
7	and certifying the copy of any filed document relating to a domestic or
8	foreign corporation:
9	Per page for copying As determined by
10	the commissioner but not to exceed actual cost
11	For the certificate
12	(d) (e) Each domestic and foreign insurer shall remit annually to the
13	commissioner for deposit into the department of insurance fund
14	established by IC 27-1-3-28 three hundred fifty dollars (\$350) as an
15	internal audit fee. All assessment insurers, farm mutuals, fraternal
16	benefit societies, and health maintenance organizations shall remit to
17	the commissioner for deposit into the department of insurance fund one
18	hundred dollars (\$100) annually as an internal audit fee.
19	(e) (d) Beginning July 1, 1994, each insurer shall remit to the
20	commissioner for deposit into the department of insurance fund
21	established by IC 27-1-3-28 a fee of thirty-five dollars (\$35) for each
22	policy, rider, and endorsement filed with the state. However, each
23	policy, rider, and endorsement filed as part of a particular product
24	filing and associated with that product filing shall be considered to be
25	a single filing and subject only to one (1) thirty-five dollar (\$35) fee.
26	(f) (e) The commissioner shall pay into the state general fund by the
27	end of each calendar month the amounts collected during that month
28	under subsections (a) and (b). and (c).
29	(g) (f) The commissioner may not collect fees for quarterly
30	statements filed under IC 27-1-20-33.
31	SECTION 2. IC 27-1-3-29 IS ADDED TO THE INDIANA CODE
32	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
33	1, 1999]: Sec. 29. (a) Except as otherwise provided by statute, a
34	policy is enforceable against the insurer according to its terms,
35	even if the policy exceeds the authority of the insurer.
36	(b) A policy that violates a statute or rule is enforceable against
37	the insurer as if the policy conformed to the statute or rule.
38	(c) Upon the written request of the policyholder or the insured

1	whose rights under the policy are continuing and not transitory, an
2	insurer shall reform and reissue its written policy to comply with
3	the requirements of the law existing at the date of issue or last
4	renewal of the policy.
5	SECTION 3. IC 27-1-15.5-7.1 IS AMENDED TO READ AS
6	FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 7.1. (a) This section
7	does not apply to a nonresident licensee that:
8	(1) is licensed as a resident insurance agent by another state that
9	has a continuing education requirement as a condition for license
10	renewals; and
11	(2) meets all the requirements for licensure in the resident state of
12	the nonresident licensee.
13	(b) To renew a license issued under this chapter:
14	(1) an insurance agent (as defined in section 2(b) of this chapter)
15	must complete at least thirty (30) hours of credit in continuing
16	education courses; and
17	(2) a limited insurance representative (as defined in section 2(e)
18	of this chapter) must complete at least ten (10) hours of credit in
19	continuing education.
20	(c) To satisfy the requirements of subsection (b), a licensee may use
21	only those credit hours earned in continuing education courses
22	completed by the licensee:
23	(1) after the date on which the licensee last renewed a license
24	under this chapter; or
25	(2) if the licensee is renewing a license for the first time, after the
26	date on which the licensee was issued the license under this
27	chapter.
28	(d) If an insurance agent (as defined in section 2(b) of this chapter)
29	holds more than one (1) license under this chapter, the licensee may not
30	be required to complete a total of more than thirty (30) hours of credit
31	in continuing education courses to renew all of the licenses.
32	(e) A licensee may receive credit only for completing continuing
33	education courses that have been approved by the commissioner under
34	section 7.3 of this chapter.
35	(f) A licensee who teaches a course approved by the commissioner
36	under section 7.3 of this chapter may receive continuing education
37	credit for teaching the course.
38	(g) When a licensee renews a license issued under this chapter, the

1	licensee must submit information required by the commissioner
2	evidencing completion of continuing education requirements and
3	any other information required by the commissioner. This
4	information may include a statement signed under oath by the
5	licensee that the licensee has completed continuing education
6	requirements.
7	(1) a continuing education statement that:
8	(A) is on a form provided by the commissioner;
9	(B) is signed by the licensee under oath; and
10	(C) lists the continuing education courses completed by the
11	licensee to satisfy the continuing education requirements
12	under this section; and
13	(2) any other information required by the commissioner.
14	(h) A continuing education statement Information submitted under
15	subsection (g) may be reviewed and audited by the department of
16	insurance.
17	(i) A licensee shall retain a copy of the original certificate of
18	completion received by the licensee for completion of a continuing
19	education course.
20	(j) The commissioner may adopt rules under IC 4-22-2 to implement
21	this section.
22	SECTION 4. IC 27-1-15.5-7.3 IS AMENDED TO READ AS
23	FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 7.3. (a) The
24	commissioner shall approve and disapprove continuing education
25	courses after considering recommendations made by the insurance
26	agent education and continuing education advisory council under
27	section 20(h) of this chapter.
28	(b) The commissioner may not approve a course under this section
29	that:
30	(1) is designed to prepare an individual to receive an initial
31	license under this chapter;
32	(2) deals only with office skills;
33	(3) concerns sales promotion and sales techniques;
34	(4) deals with motivation, psychology, or time management; or
35	(5) may be completed by a licensee without any supervision by an
36	instructor unless the course involves an examination process:
37	(A) completed and passed by the licensee as determined by the
38	provider of the course; and

1	(B) approved by the commissioner.
2	(c) The commissioner may enter into reciprocal agreements
3	with other states for the approval and disapproval of continuing
4	education courses. The commissioner may approve or disapprove
5	a course on the basis of a reciprocal state's approval or disapprova
6	of the course. The reciprocal agreement may not permit approva
7	of a course described in subsection (b).
8	(d) The commissioner shall adopt rules under IC 4-22-2 to establish
9	procedures for approving continuing education courses.
10	SECTION 5. IC 27-1-15.5-8 AND P.L.91-1998, SECTION 6, IS
11	CORRECTED AND AMENDED TO READ AS FOLLOWS
12	[EFFECTIVE UPON PASSAGE]: Sec. 8. (a) The commissioner may
13	suspend, revoke, refuse to continue, renew, or issue any license issued
14	under this chapter, or impose any of the disciplinary sanctions under
15	subsection (f) if, after notice to the licensee and to the insure
16	represented and a hearing, the commissioner finds as to the licensed
17	any one (1) or more of the following conditions:
18	(1) Any materially untrue statement in the license application.
19	(2) Any cause for which issuance of the license could have been
20	refused had it then existed and been known to the commissioner
21	at the time of issuance.
22	(3) Violation of or noncompliance with any insurance laws
23	violation of any provision of IC 28 concerning the sale of a life
24	insurance policy or an annuity contract, or violation of any lawfu
25	rule, regulation, or order of the commissioner or of a
26	commissioner of another state.
27	(4) Obtaining or attempting to obtain any such license through
28	misrepresentation or fraud.
29	(5) Improperly withholding, misappropriating, or converting to
30	the licensee's own use any money belonging to policyholders
31	insurers, beneficiaries, or others received in the course of the
32	licensee's insurance business.
33	(6) Misrepresentation of the terms of any actual or proposed
34	insurance contract.
35	(7) A:
36	(A) conviction of; or
37	(B) plea of guilty, no contest, or nolo contendere to;
38	a felony or misdemeanor involving moral turnitude

1	(8) The licensee has been found guilty of any unfair trade practice
2	or of fraud.
3	(9) In the conduct of the licensee's affairs under the license, the
4	licensee has used fraudulent, coercive, or dishonest practices, or
5	has shown himself to be incompetent, untrustworthy, or
6	financially irresponsible, or not performing in the best interests of
7	the insuring public.
8	(10) The licensee's license has been suspended or revoked in any
9	other state, province, district, or territory.
10	(11) The licensee has forged another's name to an application for
11	insurance.
12	(12) An applicant has been found to have been cheating on an
13	examination for an insurance license.
14	(13) The applicant or licensee is on the most recent tax warrant
15	list supplied to the commissioner by the department of state
16	revenue.
17	(14) The licensee has failed to satisfy the continuing education
18	requirements under section 7.1 of this chapter.
19	(15) The licensee has violated section 24 of this chapter.
20	(b) The commissioner shall refuse to:
21	(1) issue a license; or
22	(2) renew a license issued;
23	under this chapter to any person who is the subject of an order issued
24	by a court under IC 31-14-12-7 or IC 31-16-12-10 (or
25	IC 31-1-11.5-13(m) or IC 31-6-6.1-16(m) before their repeal).
26	(c) In the event that the action by the commissioner is to not renew
27	or to deny an application for a license, the commissioner shall notify
28	the applicant or licensee and advise, in writing, the applicant or
29	licensee of the reasons for the denial or nonrenewal of the applicant's
30	or licensee's license. Not later than sixty (60) days after receiving a
31	notice from the commissioner under this subsection, the applicant or
32	licensee may make written demand upon the commissioner for a
33	hearing to determine the reasonableness of the commissioner's action.
34	Such hearing shall be held within thirty (30) days from the date of

licensee's violation was known or should have been known by one (1)

(d) The license of a corporation may be suspended, revoked, or refused if the commissioner finds, after hearing, that an individual

receipt of the written demand of the applicant.

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1	or more of the officers or managers acting on behalf of the corporation
2	and such violation was not reported to the insurance department nor
3	corrective action taken in relation to the violation.
4	(e) In addition to or in lieu of any applicable denial, suspension, or
5	revocation of a license, any person violating this chapter may, after
6	hearing, be subject to a civil penalty of not less than fifty dollars (\$50)
7	nor more than ten thousand dollars (\$10,000). Such a penalty may be
8	enforced in the same manner as civil judgments.
9	(f) The commissioner may impose any of the following sanctions,
10	singly or in combination, when the commissioner finds that a licensee
11	is guilty of any offense under subsection (a):
12	(1) Permanently revoke (as defined in subsection (i)) a licensee's
13	certificate.
14	(2) Revoke a licensee's certificate with a stipulation that the
15	licensee may not reapply for a certificate for a period fixed by the
16	commissioner. The fixed period may not exceed ten (10) years.
17	(3) Suspend a licensee's certificate.
18	(4) Censure a licensee.
19	(5) Issue a letter of reprimand.
20	(6) Place a licensee on probation status and require the licensee
21	to:
22	(A) report regularly to the commissioner upon the matters that
23	are the basis of probation;
24	(B) limit practice to those areas prescribed by the
25	commissioner; or
26	(C) continue or renew professional education under a licensee
27	approved by the commissioner until a satisfactory degree of
28	skill has been attained in those areas that are the basis of the
29	probation.
30	The commissioner may withdraw the probation if the
31	commissioner finds that the deficiency that required disciplinary
32	action has been remedied.
33	(g) The commissioner may order the licensee to make restitution if
34	the commissioner finds that the licensee has violated:
35	(1) subsection $(a)(5)$;
36	(2) subsection (a)(8);
37	(3) subsection (a)(9); or
38	(4) section 24 of this chapter.

1	(h) The insurance commissioner shall notify the securities
2	commissioner when an administrative action or civil proceeding is filed
3	under this section and when an order is issued under this section
4	denying, suspending, or revoking a license.
5	(h) (i) For purposes of subsection (f), "permanently revoke" means
6	that the licensee's certificate shall never be reinstated and the licensee
7	shall not be eligible to submit an application for a certificate to the
8	department.
9	SECTION 6. IC 27-1-17-4 IS AMENDED TO READ AS
10	FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 4. Whenever a foreign
11	or an alien insurance company desires to be admitted to do an
12	insurance business in this state, it shall execute in the English language
13	and present the following to the department, at its office, accompanied
14	by the fees prescribed by law:
15	(a) A copy of its articles of incorporation or association, with all
16	amendments thereto, duly authenticated by the proper officer of
17	the state, country, province, or government wherein it is
18	incorporated or organized, or the state in which it is domiciled in
19	the United States.
20	(b) An application for admission, executed in the manner
21	provided in this chapter, setting forth:
22	(1) the name of such company;
23	(2) the location of its principal office or place of business
24	without this state;
25	(3) the names of the states in which it has been admitted or
26	qualified to do business;
27	(4) the character of insurance business under its articles of
28	incorporation or association which it intends to transact in this
29	state, which must conform to the class or classes set forth in
30	the provisions of IC 27-1-5-1;
31	(5) the total authorized capital stock of the company and the
32	amount thereof issued and outstanding, and the surplus
33	required of such company by the laws of the state, country,
34	province, or government under which it is organized, or the
35	state in which it is domiciled in the United States, if a stock
36	company, which shall equal at least the requirements set forth
37	in section 5(a) of this chapter;

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(6) the total amount of assets and the surplus of assets over all

1 its liabilities, if other than a stock company, which shall equal 2 at least the requirements set forth in section 5(b) of this 3 chapter; 4 (7) if an alien company, the surplus of assets invested 5 according to the laws of the state in the United States where it has its deposit, which shall equal at least the requirements set 6 7 forth in section 5(c) of this chapter; and 8 (8) such further and additional information as the department 9 may from time to time require. 10 The application shall be signed in duplicate, in the form 11 prescribed by the department, by the president or a vice president 12 and the secretary or an assistant secretary of the corporation, and 13 verified under oath by the officers signing the same. 14 (c) A statement of its financial condition and business, in the form 15 prescribed by law for annual statements, signed and sworn to by 16 the president or secretary or other principal officers of the company; provided, however, that an alien company shall also 17 18 furnish a separate statement comprising only its condition and 19 business in the United States, which shall be signed and sworn to 20 by its United States manager. 21 (d) A copy of the last report of examination certified to by the 22 insurance commissioner or other proper supervisory official of the 23 state in which such company is domiciled; provided, however, 24 that the commissioner may cause an examination to be made of 25 the condition and affairs of such company before authority to 26 transact business in this state is given. 27 (e) A certificate from the proper official of the state, country, 28 province, or government wherein it is incorporated or organized, 29 or the state in which it is domiciled in the United States, that it is 30 duly organized or incorporated under those laws and authorized 31 to make the kind or kinds of insurance which it proposes to make 32 in this state. 33 (f) A copy of its bylaws or regulations, if any, certified to by the 34 secretary or similar officer of the insurance company. 35 (g) Copies of forms of all policies which the insurance company 36 proposes to issue in this state and also copies of the forms of 37 application for such policies. 38 (h) A duly executed power of attorney in a form prescribed by the

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department which constitutes and appoints the commissioner or his successor, or successors, an individual or a corporate resident of Indiana, or an authorized Indiana insurer, as the insurance company's agent, its true and lawful attorney upon whom all lawful processes in any action in law or in equity against it shall be served. Such power of attorney shall contain an agreement by the insurance company that any lawful process against it which may be served upon the commissioner agent as its attorney shall be of the same force and validity as if served upon the insurance company and that such power of attorney shall continue in force and be irrevocable so long as any liability of the insurance company remains outstanding in this state. Such power of attorney shall be executed by the president and secretary of the insurance company or other duly authorized officers under its seal and shall be accompanied by a certified copy of the resolution of the board of directors of the company making said appointment and authorizing the execution of said power of attorney. Whether or not the power of attorney referred to in this subdivision shall have been executed, every foreign or alien insurance company admitted to do business in this state shall be deemed to have appointed the commissioner its true and lawful attorney upon whom all lawful processes in any action at law or in equity against it shall be served. Service of any lawful process shall be by delivering to and leaving with the commissioner agent two (2) copies of such process, with copy of the pertinent complaint attached. together with a fee as required under IC 27-1-3-15. The commissioner agent shall forthwith transmit to the defendant company at its last known principal place of business by registered or certified mail, return receipt requested, one (1) of the copies of such process, with complaint attached, the other copy to be retained in a record which shall show all process served upon and transmitted by him. Such service shall be sufficient provided the returned receipt or, if the defendant company shall refuse to accept such mailing, the registered mail together with an affidavit of plaintiff or his attorney stating that service was made upon the commissioner agent and forwarded as above set forth but that such mail was returned by the post office department is filed with the court. The department agent shall make information and

receipts available to plaintiff, defendant or their attorneys. No plaintiff or complainant shall be entitled to a judgment by default based on service authorized by this section until the expiration of at least thirty (30) days from the date on which either the post office receipt or the unclaimed mail together with affidavit is filed with the court. Nothing in this section shall limit or abridge the right to serve any process, notice or demand upon any company in any other manner permitted by law.

(i) Proof which satisfies the department that it has complied with the financial requirements imposed in this chapter upon foreign and alien insurance companies which transact business in this state and that it is entitled to public confidence and that its admission to transact business in this state will not be prejudicial to public interest.

SECTION 7. IC 27-1-18-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 2. (a) Every insurance company not organized under the laws of this state, and each domestic company electing to be taxed under this section, and doing business within this state shall, on or before March 1 of each year, report to the department, under the oath of the president and secretary, the gross amount of all premiums received by it on policies of insurance covering risks within this state, or in the case of marine or transportation risks, on policies made, written, or renewed within this state during the twelve (12) month period ending on December 31 of the preceding calendar year. From the amount of gross premiums described in this subsection shall be deducted:

- (1) considerations received for reinsurance of risks within this state from companies authorized to transact an insurance business in this state;
- (2) the amount of dividends paid or credited to resident insureds, or used to reduce current premiums of resident insureds;
- (3) the amount of premiums actually returned to residents on account of applications not accepted or on account of policies not delivered; and
- (4) the amount of unearned premiums returned on account of the cancellation of policies covering risks within the state.
- (b) A domestic company shall be taxed under this section only in each calendar year with respect to which it files a notice of election.

The notice of election shall be filed with the insurance commissioner and the commissioner of the department of state revenue on or before November 30 in each year and shall state that the domestic company elects to submit to the tax imposed by this section with respect to the calendar year commencing January 1 next following the filing of the notice. The exemption from license fees, privilege, or other taxes accorded by this section to insurance companies not organized under the laws of this state and doing business within this state which are taxed under this chapter shall be applicable to each domestic company in each calendar year with respect to which it is taxed under this section. In each calendar year with respect to which a domestic company has not elected to be taxed under this section it shall be taxed without regard to this section.

- (c)(1) For the privilege of doing business in this state, every insurance company required to file the report provided in this section shall pay into the treasury of this state an amount equal to two percent (2%) of the excess, if any, of the gross premiums over the allowable deductions.
- (c)(2) Payments of the tax imposed by this section shall be made on a quarterly estimated basis. The amounts of the quarterly installments shall be computed on the basis of the total estimated tax liability for the current calendar year and the installments shall be due and payable on or before April 15, June 15, September 15, and December 15, of the current calendar year.
- (c)(3) Any balance due shall be paid in the next succeeding calendar year at the time designated for the filing of the annual report with the department.
- (c)(4) Any overpayment of the estimated tax during the preceding calendar year shall be allowed as a credit against the liability for the first installment of the current calendar year.
- (c)(5) In the event a company subject to taxation under this section fails to make any quarterly payment in an amount equal to at least:
 - (i) twenty-five percent (25%) of the total tax paid during the preceding calendar year; or
 - (ii) twenty per cent (20%) of the actual tax for the current calendar year;

the company shall be liable, in addition to the amount due, for interest in the amount of one percent (1%) of the amount due and unpaid for

each month or part of a month that the amount due, together with interest, remains unpaid. This interest penalty shall be exclusive of and in addition to any other fee, assessment, or charge made by the department.

(d) The taxes under this article shall be in lieu of all license fees or privilege or other tax levied or assessed by this state or by any municipality, county, or other political subdivision of this state. No municipality, county, or other political subdivision of this state shall impose any license fee or privilege or other tax upon any insurance company or any of its agents for the privilege of doing an insurance business therein, except the tax authorized by IC 22-12-6-5. However, the taxes authorized under IC 22-12-6-5 shall be credited against the taxes provided under this chapter. This section shall not be construed to prohibit the levy and collection of state, county, or municipal taxes upon real and tangible personal property of such company, or to prohibit the levy of any retaliatory tax, fine, penalty, or fee provided by law. However, all insurance companies, foreign or domestic, paying taxes in this state predicated in part on their premium income from policies sold and premiums received in Indiana, shall have the same rights and privileges from further taxation and shall be given the same credits wherever applicable, as those set out for those companies paying only a tax on premiums as set out in this section.

(e) Any insurance company failing or refusing, for more than thirty (30) days, to render an accurate account of its premium receipts as provided in this section and pay the tax due thereon shall be subject to a penalty of one hundred dollars (\$100) for each additional day such report and payment shall be delayed, to be recovered in an action in the name of the state of Indiana on the relation of the department of insurance, in any court of competent jurisdiction, and it shall be the duty of the department to not to exceed a maximum penalty of ten thousand dollars (\$10,000). The penalty may be ordered by the commissioner after a hearing under IC 4-21.5-3. The commissioner may revoke all authority of such defaulting company to do business within this state, or suspend such authority during the period of such default, in the discretion of the department. commissioner.

SECTION 8. IC 27-1-20-21 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 21. (a) Every company doing business in this state shall file with the department on

or before March 1 in each year a financial statement for the year ending 1 2 December 31 immediately preceding in a format in accordance with 3 IC 27-1-3-13. For good and sufficient cause shown, the commissioner 4 may grant to any individual company a reasonable extension of time 5 not to exceed ninety (90) days within which such statement may be 6 filed. Such statement shall be verified by the oaths of the president or a vice president and the secretary or an assistant secretary of the 7 8 company. The statement of an alien company shall segregate and state 9 separately its condition and transaction in the United States and such 10 segregated and separated statement shall be verified by the oath of its 11 resident manager or principal representative in the United States. The commissioner of insurance may, with the approval of the commission 12. 13 on public records, authorize the destruction of such annual statements 14 which have been on file for two (2) years or more and microfilm copies 15 of which have been made and filed. 16 (b) A company that during the previous calendar year provided: (1) insurance of the type described in IC 27-1-5-1, Class 2(h), to 17 one (1) or more Indiana political subdivisions (as defined in 18 19 IC 34-6-2-110); 20 (2) insurance of the type described in IC 27-1-5-1, Class 2(h) type 21 insurance covering liability risks related to the ownership or 22 operation of establishments in Indiana at which alcoholic beverages are sold and consumed; 23 24 (3) recreational facilities liability insurance; 25 (4) lawyers professional liability insurance; 26 (5) product liability insurance; 27 (6) uninsured and underinsured motorist insurance; (7) owners, landlords, and tenants liability insurance; or 28 29 (8) day care centers liability insurance; 30 shall file with the department, as an additional part of the financial 31 statement required under subsection (a), an exhibit of premiums and 32 losses reflecting the company's financial results exclusively in 33 connection with that insurance. 34 (c) The exhibit required under subsection (b) must set forth figures 35 indicating: 36 (1) direct premiums written; 37 (2) direct premiums earned;

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(3) direct losses paid;

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1	(4) direct losses incurred;
2	(5) direct losses unpaid;
3	(6) allocated loss adjustment expenses; and
4	(7) unallocated loss adjustment expenses;
5	for the year of the financial statement in connection with all insurance
6	described in subsection (b).
7	(d) This subsection applies to insurers that provide one (1) or more
8	of the following types of insurance during a calendar year:
9	(1) Child care liability insurance.
10	(2) Political subdivision liability insurance, including public
11	schools.
12	(3) Errors and omissions liability insurance.
13	(4) Officers and director liability insurance.
14	(5) Liquor liability insurance.
15	An insurer covered by this subsection shall file the exhibit described
16	in subsection (e) with the department, as an additional part of the
17	financial statement required under subsection (a) for the calendar year
18	in which the insurance was provided.
19	(e) The exhibit required under subsection (d) must report:
20	(1) the number of jury awards paid under the provisions of the
21	insurance during the calendar year, and the total amount paid for
22	all jury awards;
23	(2) the number of court awards (other than jury awards) paid
24	under the provisions of the insurance during the calendar year,
25	and the total amount paid for all of those awards; and
26	(3) the number of negotiated settlements paid under the
27	provisions of the insurance during the calendar year, and the total
28	amount paid for all those negotiated settlements.
29	(f) The information described in subsection (e) shall be reported in
30	each year after 1990.
31	(g) The information described in subsection (c) shall be reported in
32	each year beginning in 1990 for the following lines of insurance:
33	(1) Recreational facilities liability insurance.
34	(2) Lawyers professional liability insurance.
35	(3) Product liability insurance.
36	(4) Uninsured and underinsured motorist insurance.
37	(5) Owners, landlords, and tenants liability insurance.
38	(6) Day care centers liability insurance.

SECTION 9. IC 27-1-20-33 IS AMENDED TO READ AS 1 2 FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 33. (a) As used in 3 this section, "insurer" refers to each: 4 (1) domestic company; 5 (2) foreign company; and (3) alien company; 6 7 that is authorized to transact business in Indiana. 8 (b) As used in this section, "NAIC" means the National Association 9 of Insurance Commissioners. 10 (c) On or before March 1 of each year, an insurer shall file with the 11 National Association of Insurance Commissioners and with the department a copy of the insurer's annual statement convention blank 12. 13 and additional filings prescribed by the commissioner for the preceding 14 year. An insurer shall also file quarterly statements with the NAIC and 15 with the department on or before May 15, August 15, and November 16 15 of each year in a form prescribed by the commissioner. The 17 information filed with the NAIC under this subsection: 18 (1) must be: 19 (A) in the same format; and 20 (B) of the same scope; 21 as is required by the commissioner under section 21 of this 22 chapter; 23 (2) to the extent required by the NAIC, must include the signed 24 jurat page and the actuarial certification; and 25 (3) must be filed on diskette electronically in accordance with 26 NAIC diskette electronic filing specifications. 27 The commissioner may grant an exemption from the requirement of 28 subdivision (3) to domestic companies that operate only in Indiana. If 29 an insurer files any amendment or addendum to an insurer's annual 30 statement convention blank or quarterly statement with the commissioner, the insurer shall also file a copy of the amendment or 31 addendum with the NAIC. Annual and quarterly financial statements 32 33 are deemed filed with the NAIC when delivered to the address 34 designated by the NAIC for the filings regardless of whether the filing 35 is accompanied by any applicable fee. 36 (d) The commissioner may, for good cause, grant an insurer an 37 extension of time for the filing required by subsection (c).

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(e) A foreign company that:

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1	(1) is domiciled in a state that has a law substantially similar to
2	subsection (c); and
3	(2) complies with that law;
4	shall be considered to be in compliance with this section.
5	(f) In the absence of actual malice:
6	(1) members of the NAIC;
7	(2) duly authorized committees, subcommittees, and task forces
8	of members of the NAIC;
9	(3) delegates of members of the NAIC;
10	(4) employees of the NAIC; and
11	(5) other persons responsible for collecting, reviewing, analyzing.
12	and disseminating information developed from the filing of
13	annual statement convention blanks under this section;
14	shall be considered to be acting as agents of the commissioner under
15	the authority of this section and are not subject to civil liability for
16	libel, slander, or any other cause of action by virtue of the collection
17	review, analysis, or dissemination of the data and information collected
18	from the filings required by this section.
19	(g) The commissioner may suspend, revoke, or refuse to renew the
20	certificate of authority of an insurer that fails to file the insurer's annual
21	statement convention blank or quarterly statements with the NAIC or
22	with the department within the time allowed by subsection (c) or (d).
23	SECTION 10. IC 27-1-22-2.5 IS ADDED TO THE INDIANA
24	CODE AS A NEW SECTION TO READ AS FOLLOWS
25	[EFFECTIVE JULY 1, 1999]: Sec. 2.5. (a) As used in this chapter,
26	"exempt commercial policyholder" means an entity that:
27	(1) makes written certification to the entity's insurer on a
28	form prescribed by the department that the entity is an
29	exempt commercial policyholder;
30	(2) procures insurance with the services of a risk manager;
31	(3) has purchased the policy of insurance through an
32	insurance agent licensed under IC 27-1-15.5-3; and
33	(4) meets any two (2) of the following criteria:
34	(A) Has a net worth of more than twenty-five million
35	dollars (\$25,000,000) at the time the policy of insurance is
36	issued.
37	(B) Has a net revenue or sales of more than fifty million
38	dollars (\$50,000,000) in the preceding fiscal year.

1	(C) Has more than twenty-five (25) employees per
2	individual company or fifty (50) employees per holding
3	company aggregate at the time the policy of insurance is
4	issued.
5	(D) Has aggregate annual commercial premiums of more
6	than fifty thousand dollars ($\$50,\!000$) in the preceding fiscal
7	year.
8	(E) Is a nonprofit or a public entity with an annual budget
9	of at least twenty-five million dollars (\$25,000,000) or
10	assets of at least twenty-five million dollars (\$25,000,000)
11	in the preceding fiscal year.
12	(b) As used in this chapter, "risk manager" means a full-time
13	employee of, or a person retained by, an exempt commercial
14	policyholder who is qualified through:
15	(1) education and experience; or
16	(2) training and experience;
17	to assess an exempt commercial policyholder's insurance needs and
18	analyze and negotiate a policy of insurance on behalf of an exempt
19	commercial policyholder. A risk manager shall not receive
20	commission, fees, or other consideration from the insurer in
21	connection with the purchase of a commercial policy of insurance
22	by the exempt commercial policyholder.".
23	Page 1, line 2, delete ":".
24	Page 1, line 3, reset in roman "shall file with the commissioner,".
25	Page 1, line 4, delete "(1)".
26	Page 1, line 4, strike "except as to inland marine risks which by
27	general custom of".
28	Page 1, strike line 5.
29	Page 1, line 6, strike "plans;".
30	Page 1, line 6, delete "and".
31	Page 1, delete lines 7 through 8.
32	Page 1, line 9, delete "shall file with the commissioner".
33	Page 1, run in lines 3 through 9.
34	Page 1, between lines 11 and 12, begin a new paragraph and insert:
35	"(b) The following types of insurance are exempt from the
36	requirements of subsections (a) and (j):
37	(1) Inland marine risks which by general custom of the
38	business are not written according to manual rates or rating

1	plans.
2	(2) Insurance, other than workers compensation insurance or
3	medical malpractice insurance, issued to exempt commercial
4	policyholders.".
5	Page 1, line 12, strike "(b)" and insert "(c)".
6	Page 1, line 15, strike "(c)" and insert "(d)".
7	Page 2, line 10, strike "(d)" and insert "(e)".
8	Page 2, line 13, strike "(e)" and insert "(f)".
9	Page 2, line 15, strike "(f)" and insert "(g)".
10	Page 2, line 23, strike "(g)" and insert "(h)".
11	Page 3, line 8, strike "(h)" and insert "(i)".
12	Page 3, line 17, strike "(i)" and insert "(j)".
13	Page 3, strike line 20.
14	Page 3, line 21, strike "which filings are not required, no" and insert
15	"(k) An".
16	Page 3, line 21, after "shall" insert "not".
17	Page 3, line 28, strike "(k)" and insert "(l)".
18	Page 3, between lines 34 and 35, begin a new paragraph and insert:
19	"(m) The department may adopt rules to:
20	(1) implement the exemption under IC 27-1-22-4(b);
21	(2) impose disclosure requirements the commissioner
22	determines are necessary to adequately protect exempt
23	commercial policyholders; and
24	(3) establish the form and content of the report required by
25	subsection (o).
26	(n) Each insurer who issues insurance to an exempt commercial
27	policyholder shall file an annual report with the department by
28	February 1 of each year.
29	(o) An annual report must be accompanied by the fee prescribed
30	by IC 27-1-3-15(e). For purposes of calculating the required fee,
31	each policy purchased by an exempt commercial policyholder shall
32	be considered a product filing under IC 27-1-3-15(e).".
33	Page 3, between lines 34 and 35, begin a new paragraph and insert:
34	"SECTION 12. IC 27-1-22-11 IS AMENDED TO READ AS
35	FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 11. (a) Any subscriber
36	which has authorized a rating organization to making filings on its
37	behalf and any member thereof which does not wish to act under
38	sections 4(f) 4(g) and 4(g) 4(h) of this chapter may appeal to the

commissioner from the action or decision of such rating organization in approving or rejecting any proposed change in or addition to the filings of such rating organization and the commissioner shall, after a hearing held upon not less than ten (10) days written notice to the appellant and to such rating organization, issue an order approving the action or decision of such rating organization or directing it to give further consideration to such proposal, or, if such appeal is from the action or decision of the rating organization in rejecting a proposed addition to its filings, he may, in the event he finds that such action or decision was unreasonable, issue an order directing the rating organization to make an addition to its filings in a manner consistent with his findings within a reasonable time after the issuance of such order.

(b) If such appeal is based upon the failure of the rating organization to make a filing on behalf of such member or subscriber which is based on a system of expense provisions which differs, in accordance with the right granted in section 3(a)(3) of this chapter from the system of expense provisions included in a filing made by the rating organization, the commissioner shall, if he grants the appeal, order the rating organization to make the requested filing for use by the appellant. In deciding such appeal the commissioner shall apply the standards set forth in section 3 of this chapter.

SECTION 13. IC 27-1-27-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 5. (a) The commissioner may not issue a certificate of authority to a nonresident applicant until that nonresident files with the commissioner, in a form prescribed by the commissioner, a designation that the commissioner (and his successors in office) is of an individual resident of Indiana, a corporate resident of Indiana, or an authorized Indiana insurer as the nonresident applicant's legal representative upon whom may be served all lawful process in any action, suit, or proceeding:

- (1) instituted by or on behalf of an interested person; and
- (2) arising out of the nonresident applicant's public adjuster's insurance business.
- (b) The designation required by subsection (a) constitutes an agreement that service of process upon the commissioner nonresident applicant's legal representative is of the same legal force and validity as personal service of process upon an Indiana resident.

(c) Service upon a nonresident may be made by

- 2 (1) serving the commissioner nonresident applicant's legal 3 representative with an appropriate number of copies of the 4 process. and
 - (2) payment to the commissioner of a fee as required under IC 27-1-3-15.
 - (d) The commissioner nonresident applicant's legal representative shall forward a copy of the process by registered mail to the nonresident at his last known address of record or principal place of business, keeping a record of such process and service.
 - (e) Service of process is sufficient as long as notice of the service and a copy of the process are sent not more than ten (10) days after the commissioner nonresident applicant's legal representative received the service of process on behalf of the nonresident.
 - (f) Service of process upon a nonresident in any action instituted by the commissioner under this chapter shall be made by the commissioner by mailing the process to the **nonresident applicant's legal representative or the** nonresident by registered mail at his last known address of record or principal place of business.".

Page 6, after line 9, begin a new paragraph and insert:

"SECTION 15. IC 27-6-6-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 4. (a) Concurrently with the filing of the declaration provided for by the terms of section 3 of this chapter, the attorney (as defined in section 2 of this chapter) shall file with the department of insurance, state of Indiana, an instrument in writing, executed by him for said subscribers, conditioned that, upon the issuance of a certificate of authority provided for in section 9 of this chapter, service of process may be had upon the commissioner of insurance individual resident of Indiana, corporate resident of Indiana, or authorized Indiana insurer, appointed by the subscribers as the subscribers' agent for service of process in all suits in this state arising out of such policies, contracts, or agreements, which service shall be valid and binding upon all subscribers exchanging at any time reciprocal or interinsurance contracts through such attorney.

(b) Service of process under subsection (a) shall be made by delivering to the commissioner of insurance subscribers' agent two (2) copies of process with a complaint attached. A fee as required under

IC 27-1-3-15 shall be paid to the commissioner at the time of service.

A writ against the commissioner of insurance shall not be returnable until thirty (30) days after service.

(c) It shall be the duty of the commissioner of insurance, subscribers' agent, upon service, to promptly send one (1) copy of such summons, by registered letter, to the attorney specified in subsection (a) and to file the other copy of summons in the office of the commissioner. subscribers' agent.

SECTION 16. IC 27-7-2-24 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 24. Every person lawfully engaged wholly or in part in writing worker's compensation insurance in this state shall, upon July 1, 1935, by written notice to the insurance commissioner, appoint the insurance commissioner an individual resident of Indiana, a corporate resident of Indiana, or an authorized Indiana insurer as the person's resident agent in Indiana upon whom service of process may be had for the enforcement of this chapter.

SECTION 17. IC 27-8-1-13 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 13. Any corporation, association or society, organized under the laws of any other state or government to insure lives on the assessment plan, or any corporation carrying on the business of life or accident insurance on the assessment plan, shall be licensed by the auditor of state, upon the payment to him the auditor of state of a fee of twenty-five dollars (\$25.00), to do business in this state. Provided, Such However, the corporation or association shall first deposit with the auditor of state a certified copy of its charter or articles of incorporation, a copy of its statement of business for the preceding year, with the names and residence of its officers, sworn to by the president and secretary, or like officers, showing a detailed account of expenses and income, the amount of insurance in force, its assets and liabilities in detail, and setting forth that it has the ability to pay its policies or certificates to the full limit named therein; a certificate from the insurance commissioner or from a judge or clerk of a court of record of its home state, certifying that corporations or associations insuring life in the assessment plan, and paying policies in full, or providing accident indemnities, and chartered under the laws of this state are legally entitled to do business in its home state; a copy of its policy or certificate of membership,

application and by-laws, which must show that death losses are, in the main, provided for by assessment upon the surviving members; and it shall legally designate a person, an individual resident of Indiana, a corporate resident of Indiana, or an authorized Indiana insurer as its agent or attorney in fact, residing in this state, upon whom service of process for said company or association may be made, and, in default of such designation, service of process may be made upon the auditor of state of this state, who shall be deemed its agent for that purpose, and he the agent or attorney in fact shall immediately notify any corporation or association thus served.

SECTION 18. IC 27-8-3-19 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 19. Any corporation, association, or society organized under the authority of another state or government to issue, or which is engaged in the business of issuing, policies or certificates of life or accident or life and accident insurance, and for the payment of total and permanent disability claims to living members on the assessment plan, as a condition precedent to transacting business in this state, shall deposit with the insurance commissioner:

(1) a certified copy of its articles of incorporation or association; (2) a certified copy of a vote or resolution of the board of directors of said company consenting that service of process in any suit against such company may be served upon the commissioner an individual resident of Indiana, a corporate resident of Indiana, or an authorized Indiana insurer, appointed by the company as the company's agent for service of process, with like effect as if such company was chartered, organized, or incorporated in the state of Indiana, and agreeing that any process served upon such commissioner agent shall be of the same legal force and validity as if served upon said company, and agreeing that such service may be so made with such effect while any liability remains outstanding against such company in this state; (3) a statement, under oath of its president and secretary, in the form by the commissioner required, of its business for the preceding year;

(4) a certificate, under oath of its president and secretary, that it is paying, and for the twelve (12) months then next preceding, has paid, the maximum amount named in its policies or certificates in

1 full;

(5) a certificate from the proper authority in its home state that corporations, associations or societies of this state, engaged according to the provisions of this chapter in life or accident, or life and accident insurance, and for the payment of total and permanent disability claims to living members upon the assessment plan, are legally entitled to do business in such state; (6) a copy of its policy or certificate, application, and bylaws, which must show that the insured's liability to contribute to the payments of benefits is not limited to the payment of a fixed periodical sum; and

(7) evidence satisfactory to the commissioner that the corporation, association, or society accumulates a fund equal in amount to that required of similar corporations, associations, or societies of this state and that such accumulation is permitted by the law of the corporation, association, or society and is for the benefit of policy or certificate-holders only, and is invested in securities authorized under the law of its incorporation or association.

The insurance commissioner shall thereupon issue or renew the authority of such corporation, association, or society to do business in this state, and such authority shall be revoked whenever the commissioner, on investigation, is satisfied that such corporation, association, or society is not paying the maximum amount named in its policies or certificates in full. Upon such revocation, the commissioner shall cause notice thereof to be published in a newspaper of general circulation, published in the city of Indianapolis, Indiana, and no new business shall be thereafter done by its agents in this state. If any such corporation, association, or society is authorized by the law under which it is incorporated to issue contracts of insurance not contemplated in this chapter, it shall nevertheless be permitted to transact in this state the character of business authorized by this chapter upon complying in all other respects with the requirements thereof and filing with the commissioner an agreement duly executed by the proper officers that such corporation, association, or society will not enter into or issue within this state any contract of insurance, policy, or agreement not authorized by this chapter. Upon a breach of such agreement by any such corporation, association, or society, the commissioner shall forthwith revoke and cancel its authority to transact business in this

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state. When any other state or country shall impose any obligation upon any such corporation, association, or society of this state, the like obligation shall be imposed upon similar corporations, associations, or societies and their agents of such state or country doing business in this state. If the laws of such state where such corporation, association, or society is organized will not admit corporations, associations, or societies organized in this state, or doing business under this chapter, to do business in such state, then such corporations, associations, or societies shall not be admitted to do business in this state.

SECTION 19. IC 27-8-3-20 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 20. All processes in any action or proceeding against any foreign corporation, association, or society doing business in this state under the provisions of this chapter may be served upon the insurance commissioner, an individual resident of Indiana, a corporate resident of Indiana, or an authorized Indiana insurer, appointed by the corporation, association, or society as its agent for service of process, and any lawful process against it which is served on the commissioner agent shall be of the same legal force and validity as if served on the corporation, association, or society, and this provision shall continue in force so long as any liability remains outstanding against the corporation, association, or society in this state, service upon such commissioner agent shall be deemed sufficient service upon the principal. When legal process against any such corporation, association, or society is served upon such commissioner, agent, he the agent shall immediately notify the corporation, association, or society of such service by registered letter, prepaid, directed to its secretary, or, in case of a corporation, association or society of a foreign country, to the resident manager, if any, in this country, and shall, within two (2) days after such service, forward in the same manner a copy of the process served on him the agent to such secretary or manager, or to any person previously designated by the corporation, association, or society, in writing. The plaintiff in each process so served shall pay to the commissioner at the time of service a fee as required under IC 27-1-3-15, which shall be recovered by him as a part of the taxable costs if he prevails in the suit. The commissioner agent shall keep a record of all processes served upon him, the agent which record shall show the day and hour when such service was made.

SECTION 20. IC 27-11-9-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 1. (a) Every society authorized to do business in Indiana shall appoint in writing the commissioner and each successor in office an individual resident of Indiana, a corporate resident of Indiana, or an authorized Indiana insurer to be its true and lawful attorney upon whom all lawful process in any action or proceeding against it shall be served and shall agree in such writing that:

- (1) any lawful process against it that is served on the attorney shall be of the same legal force and validity as if served upon the society; and
- (2) the authority shall continue in force so long as any liability remains outstanding in this state.

Copies of the appointment, certified by the commissioner, shall be considered sufficient evidence thereof and shall be admitted in evidence with the same force and effect as the original might be admitted.

(b) Service shall only be made upon the commissioner attorney or, if absent, upon the person in charge of the commissioner's attorney's office. It shall be made in duplicate and shall constitute sufficient service upon the society. When legal process against a society is served upon the commissioner, attorney, the commissioner attorney shall immediately forward one (1) of the duplicate copies by registered mail, prepaid, directed to the secretary or corresponding officer. No service shall require a society to file its answer, pleading, or defense in less than thirty (30) days from the date of mailing the copy of the service to a society. Legal process shall not be served upon a society except in the manner provided in this section. At the time of serving any process upon the commissioner, the plaintiff or complainant in the action shall pay to the commissioner a fee as required under IC 27-1-3-15.

SECTION 21. IC 34-18-15-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 3. If a health care provider or its insurer has agreed to settle its liability on a claim by payment of its policy limits of one two hundred fifty thousand dollars (\$100,000), (\$250,000), and the claimant is demanding an amount in excess of that amount, the following procedure must be followed:

(1) A petition shall be filed by the claimant in the court named in the proposed complaint, or in the circuit or superior court of

Marion County, at the claimant's election, seeking:

- (A) approval of an agreed settlement, if any; or
 - (B) demanding payment of damages from the patient's compensation fund.
- (2) A copy of the petition with summons shall be served on the commissioner, the health care provider, and the health care provider's insurer, and must contain sufficient information to inform the other parties about the nature of the claim and the additional amount demanded.
- (3) The commissioner and either the health care provider or the insurer of the health care provider may agree to a settlement with the claimant from the patient's compensation fund, or the commissioner, the health care provider, or the insurer of the health care provider may file written objections to the payment of the amount demanded. The agreement or objections to the payment demanded shall be filed within twenty (20) days after service of summons with copy of the petition attached to the summons.
- (4) The judge of the court in which the petition is filed shall set the petition for approval or, if objections have been filed, for hearing, as soon as practicable. The court shall give notice of the hearing to the claimant, the health care provider, the insurer of the health care provider, and the commissioner.
- (5) At the hearing, the commissioner, the claimant, the health care provider, and the insurer of the health care provider may introduce relevant evidence to enable the court to determine whether or not the petition should be approved if the evidence is submitted on agreement without objections. If the commissioner, the health care provider, the insurer of the health care provider, and the claimant cannot agree on the amount, if any, to be paid out of the patient's compensation fund, the court shall, after hearing any relevant evidence on the issue of claimant's damage submitted by any of the parties described in this section, determine the amount of claimant's damages, if any, in excess of the one two hundred fifty thousand dollars (\$100,000) (\$250,000) already paid by the insurer of the health care provider. The court shall determine the amount for which the fund is liable and make a finding and judgment accordingly. In approving a settlement or

1	determining the amount, if any, to be paid from the patient's
2	compensation fund, the court shall consider the liability of the
3	health care provider as admitted and established.
4	(6) A settlement approved by the court may not be appealed. A
5	judgment of the court fixing damages recoverable in a contested
6	proceeding is appealable pursuant to the rules governing appeals
7	in any other civil case tried by the court.
8	(7) A release executed between the parties does not bar access to
9	the patient's compensation fund unless the release specifically
10	provides otherwise.
11	SECTION 22. [EFFECTIVE JULY 1, 1999] (a) IC 27-1-3-15,
12	IC 27-1-3-28, IC 27-1-15.5-4, IC 27-1-17-4, IC 27-1-20-21.3,
13	IC 27-1-27-5, IC 27-6-6-4, IC 27-7-2-24, IC 27-8-1-13, IC 27-8-3-19,
14	IC 27-8-3-20, and IC 27-11-9-1, all as amended by this act, apply
15	upon receipt by the commissioner of the department of insurance
16	of the designation from the insurer of an agent for service of
17	process.
18	(b) This SECTION expires June 30, 2004.
19	SECTION 23. An emergency is declared for this act.".
20	Renumber all SECTIONS consecutively.
	(Reference is to SB 500 as introduced.)

and when so amended that said bill do pass.

Committee Vote: Yeas 8, Nays 0.

Paul Chairperson